THSA

Texas Health Services Authority

EDEN[1] – Emergency Department Encounter Notification System Frequently Asked Questions

1. Are notifications only for emergency department visits?

   EDEN notifications include emergency department, inpatient, and observation encounters.

2. How are providers and facilities introduced to EDEN? What is the process for notifying a practice or facility the first time EDEN sends them a notification?

   EDEN notifications identify HIETexas as the sender with contact information. In addition, there are ongoing statewide efforts to educate and raise awareness about EDEN through the THSA Interoperability Collaborative.

   If a provider does not have their own panel-based EDEN subscription and a patient enters a hospital, asserts a relationship with that provider, and requests the hospital inform the provider:

   - ***The hospital sends EDEN an ADT with the PCP name and NPI.***
   - ***HIETexas does a "panel check" to see if the NPI matches a known subscriber. Without a provider subscription, the panel check will not turn up an NPI match.***
   - ***EDEN looks up the provider direct messaging account in the national DirectTrust provider directory. EDEN uses Inpriva as its DIRECT provider. Inpriva accesses the DirectTrust address directory and delivers the notification. Inpriva then sends information confirming whether the message was delivered.***

   A provider must have their own panel-based subscription to receive batch summary files. With a panel-based subscription, providers may receive batch summary files in any preferred manner – Direct, SFTP, VPN, etc.

   Provider practices that have panel-based subscription include NPI numbers in their submitted patient panels. As an example, a practice may opt to receive batched summary files at 6:00 AM and 1:00 PM every day in CSV format, posted to an SFTP server.

   If this practice only subscribes to a specific subset of its patient population, a patient who is not on that practice's panel may still visit a hospital, assert a relationship with that provider, and direct the hospital to send a notification to the provider.

   - ***The hospital then sends EDEN an ADT containing the PCP's name and NPI.***

1. **EDEN receives financial support from HHSC and CMS**

- ***If the NPI in the patient-asserted ADT matches the NPI associated with an existing, panel-based subscription, HIETexas can format the patient-asserted notification in accordance with the provider's configuration preferences. This ensures that the notification does not appear as a one-time, real-time direct message but is integrated into their existing 2X daily CSV batch file.***

Adopting panel-based subscriptions provides significant advantages to practices by enhancing the match rate (compared to relying on patient assertions) and ensuring that patient-asserted notifications are received in the provider's preferred format.

3. What if the PCP does not have a direct address?

HIETexas will oversee the onboarding of providers who lack direct capabilities.

4. What information is contained in the message the PCP receives?

EDEN sends the provider a direct message with the encounter notification as an attachment. Each notification is accompanied by one direct message. The encounter notification will include patient demographics, patient class, diagnoses, source facility, admit reason, discharge disposition, event type, attending physician, discharge to location, timestamps, patient complaint, and insurance information. The message footer will contain standard text explaining that the PCP is receiving this message due to a patient's assertion at the point of care. The text will include information on how to contact HIETexas with questions, opt out of future patient-asserted notifications, or obtain their own panel-based, customizable subscription.

This alert was sent as a result of the CMS Hospital Conditions of Participation (CoP) Electronic Notification requirement (CMS-9115-F). It was generated based on the patient's encounter with the hospital in the body of this message and sent via HIETexas EDEN for care coordination purposes based on the patient identified provider information recorded within their encounter. To customize your alerting preferences including only receiving notifications for a specific event (i.e. discharges) instead of all of the events, to receive notifications on all or a select subset of your patients (not just those that the patient identified you as their provider for their hospital encounter), or for more information about HIETexas EDEN please visit https://thsa.org/ or email THSA-EDEN-ServiceDesk@aing.com. To unsubscribe and stop receiving these patient identified CoP e-notifications, please go to https://aing.com/cop-provider-notification-opt-out-thsa-eden.

Link to the CMS Hospital Conditions of Participation (CoP) Electronic Notification (CMS-9115-F) requirement:
https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and

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5. What if the organization cannot send the PCP NPI number or does not have the NPI number, can EDEN still send the encounter notification?

If the outgoing ADT event includes a PCP's direct address, then it can be sent to the PCP without the NPI/Direct lookup.

It is crucial to emphasize that we have a comprehensive "CoP Compliance" suite of tools specifically designed to obtain the PCP NPI number. Each organization must determine whether this requirement aligns with their comfort level regarding reporting. The absence of NPI numbers in the CMS CoP audit report results in the loss of functionality. The audit reports are not configured to capture a numerator and denominator for patient assertion without an NPI.

6. Is there a way to opt a patient out?

   If the EMR incorporates a consent flag anywhere in the outbound ADT message, we can prevent those flagged ADTs from turning into outbound notifications to PCPs.

7. What if the patient is self-pay as such the payer should not be notified?

   If the EMR provides payer identification or "self-pay" in the outbound ADT message, we can prevent those flagged ADTs from turning into outbound notifications to payer panels.

8. Can you explain in detail how you notify those providers/facilities that do not have direct addresses? I know there is a portal and you can notify them to log into the portal to retrieve the information but how do you contact them to let them know? Is it a phone call, email, etc.? And how do you obtain their email, phone number, etc.?

   Most providers prefer to receive once or twice-daily batch files containing all their notifications. This configuration is considered the most workflow-friendly option. Many practices lack the immediate staff availability to respond to notifications, making a scheduled batch notification at 7:00 AM preferable. This notification becomes a daily task for the scheduler. We can deliver the batch files at any time the practice prefers. If a practice prefers real-time notifications, we can send an unsecure, non-PHI email to their regular email address, effectively informing them that they have received an EDEN notification. When integrated with an Electronic Health Record (EHR), the EHR typically routes the notification to a centralized inbox or task list, which automatically highlights new messages.

9. As for facilities such as post-acute, Long Term Acute Care (LTACs), Skilled Nursing Facilities (SNFs), etc. do you utilize the same communication methods as you do for the providers?

   Yes, we have the same optionality for these provider types.

10. Once a contract and BAA is signed, how long does the implementation take start to finish?

    Approximately 2 weeks after contract is signed and VPN connection has been established.

11. Does this meet the Center for Medicaid and Medicare Regulation, condition of participation for event notification?

    Yes, your organization will meet the PCP event notification requirement.

12. What is CHIRP? And how does it pertain to me?

    Comprehensive Hospital Increased Reimbursement Program is a quality program created to incentivize hospitals to improve access, quality, and innovation for services to the Medicaid population. CHIRP replaces the Delivery System Reform Incentive Payment (DSRIP) program funding that ended October 2021. The program will consist of Uniform Hospital Rate Increase Program (UHRIP) and Average Commercial Incentive Award (ACIA). This program is effective 9/01/2021 and impacts hospital funding.

    EDEN meets the C1-101 HIE & Measures C2-117 & 118 – Transitions of care (i.e. event notification to PCPs and case management with Managed Medicaid Care Organizations.

13. What is the cost?

    There is no cost for providers sending ADT event messages. There is a cost to subscribing organizations who leverage reporting or receiving capabilities. Pricing structure available upon request.